

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

318

1003

57 0 2 2 9 2 8
STATE FILE NUMBER

5452

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>✓</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Inside Limits Yes <u>✓</u> No <u>□</u>		c. CITY OR TOWN <u>St. Louis, MO</u>		Inside Limits Yes <u>✓</u> No <u>□</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo Pacific Hosp.</u>			Length of stay in lb <u>2 1/2</u>		d. STREET ADDRESS <u>36 47 Botanical Ave</u>		(If outside, give location) Reside on Farm Yes <u>□</u> No <u>□</u>
3. NAME OF DECEASED (Type or print) First <u>CARL (CHAS.)</u> Middle <u>J.</u> Last <u>STOLTZ</u>				4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <u>□</u> NEVER MARRIED <u>□</u> WIDOWED <u>✓</u> DIVORCED <u>□</u>		8. DATE OF BIRTH <u>Dec 24-1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk</u>				100. KIND OF BUSINESS OR INDUSTRY <u>Postal Clerk</u>		9. AGE (In years last birthday) <u>80</u>	
11. BIRTHPLACE (City and state or country) <u>Sweden</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>Span.Amer.War</u>				16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT Address <u>Amelia M. Raffaele- Glen Carbon, Illinois</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> DUE TO (b) <u>hypertensive disease</u> DUE TO (c) <u>smoking</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.1</u>							19. WAS AUTOPSY PERFORMED? YES <u>□</u> NO <u>✓</u>
20a. ACCIDENT <u>□</u> SUICIDE <u>□</u> HOMICIDE <u>□</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>420.1</u>				
20c. TIME OF INJURY Hour <u>10</u> Month <u>15</u> Day <u>15</u> Year <u>1957</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <u>□</u> NOT WHILE AT WORK <u>□</u>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>June 4, 57</u> to <u>June 9, 57</u> and last saw <u>her</u> alive on <u>June 9-57</u> Death occurred at <u>10:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>1703 S. Shaw</u>		22c. DATE SIGNED <u>6-10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>6-13-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 11 '57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Richard W. Stover

Licensed Embalmer No. 46

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.